MARGIN RESERVED FOR BINDING

V. S. No. 1

		OF MARYLAND-	-CERTIFICATE OF DEATH 1023
1. PLACE O			159
County //	Hedmil	0-	Registration Dist. No.
Village or 0	City Solvalis	iny and	Normanda Jennal Hostilet 13
Langth of rea	idenca in city or town where		If death/occurred in a hospital or institution, give its NAME instead of street and number) os
	ml.	e weath occurrad	
2. FULL NA	ME / Mon	120 Dawen	If U. S. Veteran, specify WAR
(a) Resider	ice: No.	(Usual place of abode)	St., 7 Ward.  If nonresident give city or town and State
PERSON	AL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	0 0	OR DIVORCED (write the word)	LEN. 21, 193
5a. If marriad, widow	vad. or divorcad		(Morth) (Day) (Ya
HUSBAND of (or) WIFE of	-	7- 4	22. I HEREBY CERTIFY, Shat I attended decease
			Sept. 21, 1931, to Sept. 21, 19
6. DATE OF BIRTH	(month, day, and yaar)	pt 21 1937	I last saw how aliva on daath
7. AGE Ya	ars Months	Days If LESS than	to heve occurred on the date stated above, # 1. 2. 700.
		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence ware as follows:
Z 8. Treda, profe	ession, or particular work dona, as SPINNER,		
SAWYER	, BOOKKEEPER, etc	no	
9. Industry or work wa	businass in which is dona, as SILK MILL,	70.4	( remalurely -
O 10. Date daceas	LL, BANK, etcsed last worked at	11. Total time (years)	
O this occu	pation (month end	11. Total time (years) spent in this occupation	<u></u>
	8 als	Lucy	Other Contributory Causes of importance:
12. BIRTHPLACE (c (Stata or cou		ma	
□ 13. NAME	Punellh	and the	Markingur
T	- Marie Carlo	2	
	E (city or town)	and	Name of operation Dete of
1	17) 1	13.	What test confirmed diagnosis? Was there an autopsy?
I	1	, vacuum	23. If death was due to external causes (VIOL ENCE) fill in elso the following:  Accidant, suicide, or homicide?
	E (city or town)/ r country)	and and	Whare did injury occur?
1	D. 1. 12	7770	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	100- 100	a lesson and	Openity whether injury occurred in industry, in monte, or influence in Ende.
9	TION, OR REMOVAL	nd ich	Menner of Injury
Place P	blel leson	1 Date Stefat 34, 19 3	Natura of Injury
(	La distin	1-4	24. Was disease or injury in eny way related to occupation of dacased?
19. UNDERTAKER (Address)	For To Julia	and all made	If so, spacify
(Addiss)	L 14 25 ()	12100	(Signed) M. Sembly (
20. FILEDS Lefts	190/	May Juster Registrar.	(Address)
9		4	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Date of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows:  Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1 1008	Other contributory causes of importance:	1 year
	1921	1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

should state AD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. PHYSICIANS properly classified. IS A PERMANEN BINDING TION is very important. See instructions on back of certificate. FOR WITH UNFADING INK-THIS pe MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLA

V. S. No. 1

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1. PLACE OF DEATH	9)
County Wicomoo	Registration Dist. No. 332
Village or City Sharphron Mil	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
11VV + VR 10	
Z. FOLL NAME	10. 5. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If merried, widowed, or divorced	
HUSBANO of Mary Bradley	22.   I HEREBY CERTIFY That attanded daceased from
Dat 3. 1015	100 10 10 10 10 10 10 10 10 10 10 10 10
DATE OF BIRTH (month, day, end year)	I last saw h eliva on Off 9, 1921; death is sai
AGE Years Months Oeys If LESS then 1 day,hrs.	to have occurred on the date stated above, et. Lm.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance
74 - ormin.	ware as follows:
8. Treda, profession, or particular kind of work done, as SPINNER Letical Washington SAWYER, BOOKKEEPER, atc 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and specific profession).	Jenna anny scenous.
S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
SAW MILL, BANK, atc	
this occupation (month and spant in this occupation coupetion	
7. 4 1 . 4	Other Contributary Causes of Importance:
(State or country)	27. 45
13. NAME ackson bradley  14. BIRTHPLACE (olty or town)	
14. BIRTHPLACE (olty or town)	Name of operetion
(State of Country)	What test confine the substitution was there an autopsy?
fs. MAIDEN NAME Olivately anglish	23. If death was due to externel causes (VIOLENCE) fill in also the following:
f5. MAIDEN NAME Cligateth anglish  16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Deta of Injury, 19
(Stete or coupley)	Whera dld Injury occur? (Specify city or town, county and State)
7. INFORMANT Omily Arthurg (Address) Other Blown	Spacify whather Injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Nardela Oate Sept 19, 1937	Manner of injury
19. UNDERTAKER M. D. Spranguos 4800	24. Was disease or injury In any wey raletad to occupation of deceesed?
(Addrass) than the	If so, spacify
20. FILEO Sept 18 , 193) Man of formana. Registrar.	(Signed) (Signed) M. (Address) Lite argitarion and

CTATE OF MADVIAND\_CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	d a	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT III	154			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TANDELLANDITARE	NA ARVA	T OTE	T CIPILITATE	O T SY T TOWART I TO	10 1	TITIOTOTATA

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V. S. No. 1 Ŕ

1. PLACE OF DEATH	CERTIFICATE OF DEATH 10241
7/	(3)
County Wisomics	Registration Dist. No.
Village or City Salusbury	death occupied in a hospital or institution, give its NAME instead of street and number)
	2-9-ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Margaret and Britting	gham If U. S. Veteran, specify WAR
(a) Residence: No. Salisbury, Ind., before going (Usual place of Stocke)	J. St., Idean Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Senale	21. DATE OF DEATH  Sept (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Mønth) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sept. 14, 1849	I last saw h. A alive on O AM 6, 19; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 7: 20 Q, m.
87 11 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
1 2 Trade profession or particular	Oate of onset
SAWYER, BOOKKEEPER, etc.   Seamstress	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SIndustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this necuration (month and	allo Valy Theel 1957
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  5. ## Occupation ## Occupa	
12. BIRTHPLACE (city or town) Near Salisbury	Other-Contributory Camps of Importance:
(State or country) Maryland	Che Sal. John 1/31
13. NAME Telliam D. Brittingham	Delia / Jeffer 1700
13. NAME Helliam B. Drittingham  14. BIRTHPLACE (city or town) Mean Snow Jalel	Name of operation
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME and White	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mean Berline  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) maryland	Where did injury occur?
17. INFORMANT Mass. Lonia B. Shookley (Address) L. B. Farrages Dome	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place assure en Date Sept. 8, 1937	Nature of injury
19. UNDERTAKER The Will & Johnson Co.	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Cast Main of Davis St, City,	If so, specify
20. FILED Segret 7, 1937 G. May Mises	(Signed) M. D.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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	Example I	i	Example II	23.4411.710.51
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCT 6 1937	1915	Attack of epilepsy	1 week ago
Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		v		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

BINDING

RESERVED

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis & E   Y E	1921	Run over by street car	1 weck ago	
Cercbral hemorrhage	July 5,1927	Peritonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis *	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of inforstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be ALY,

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	~	Registration Dist. No. 332	,
County Micomic	Λ /	Registration Dist. No.	<i></i>
Village or City Tellsungle	.— (1	NoSt,  death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. if of foreign birth?yrsmos	
OL	0		
(a) Residence: No. Suttle	(Usual place of abode)	St., Ward.  If U. S. Veteran, specify WAR YQ  Ward.  If nonresident give city or town and Sta	te
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev)	3
ie. If married, widowed, or divorced	2 million and a second		(Tear)
(or) WIFE of Warnill	on Daughtery.	1 HEREBY CERTIFY. Thet latended dec	esed from
S. DATE OF BIRTH (month, day, end yeer)	ely 3 nd 4917	Llast saw h elive on 1937; d	eath is seld
7. AGE Years Months	Deys If LESS then	to heve occurred on the dete steted ebove atQm.	
20   2	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:	ate of onset
8. Trede, profession, or perticuler	n/ 4 . 10 . 4		work.
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	peralor in slates	Complication descaras 1	257
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Jacon.	Possibly basin tumor. Culo	
SAW MILL, BANK, etc	11. Total time (years)	neurastherial Duration: one years	
1D. Date deceesed lest worked et this occupetion (month and yeer)	spent in this decoupetion		
0 1 1	1	Other Contributory Causes of importance:	6
12. BIRTHPLACE (city or town) Solical (Stete or country)		21 - 1.0	0-6
1 0	J ma.	Translanc Wille	731
13. NAME Grank 6	nes.		
(State or country)	whown	Neme of operation Dete of	
(State of Country)	Or the	What test confirmed diegnosis? Clinical agonfitench Wes there an euto	psy? Mar
15. MAIDEN NAME Flora  16. BIRTHPLACE (city or town).	Trull,	23. If deeth wes due to externel ceuses (VIDL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	sorile!	Accident, suicide, or homicide? Dete of Injury	., 19
(State or country)	ma'	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT This Flore (Address)	a Joseph md	Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE	,
18. BURIAL, CREMATION, DR REMOVAL	P. D. J. ta	Manner of Injury	
Plece Stace MS Cen	Dete 193	Neture of Injury	
19. UNDERTAKER WMJ HOOV	rord Velley Son	24. Wes disease or injury in any wey related to occupation of deceased?	
20, FILED Sept. 6, 1937.	:00:	(Signed) Carfes & Donor	M. I

V. S. No. 1

N. B.—WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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and related o	causes	Date of onset		
		Date of ouser	The principal cause of death and related causes of importance were as follows:	Date of onset
OCT 7	1937	1915	Attack of epilepsy	1 week ago
		1921	Run over by street car	1 week ago
BUKEST	II A.	July 5, 1927	Peritonitis	3 days ago
rd-				
importance:			Other contributory causes of importance:	
			Gastroenteritis	1 year
	300			
	OCT 7	f'importance:	1921 July 5, 1927  Fimportance:  May 1, 1923	1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:  May 1, 1923 Gastroenteritis

Ā	) DÖITIONAL	SPACE	FOR	FURTHER	STATEMENTS	ву	PHYSICIAN	
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V.S. No. 1

N. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANEN RECORD, Every item of infor-

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 10244
County Thursia	22-0 Paristantia Bist III 13.3.2
in the second of the second	Registration Dist. No. U. 13.3
Village or City Alia Mary	No. 300 Camden and St., 13 Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 33 yrs.	nosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME alle Lawning Sur	ham If U. S. Veteran, specify WAR
(a) Residence: No. 300 Cambo and	St., 18 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Serve Third OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of V Serael Suchem	22. I HEREBY CERTIFY That I attended deceased from
B. DATE OF BIRTH (month, day, and year) Ran. 17, 1858.	Hast saw h er alive on Dert 27 1937: death is sai
AGE Years Months Days If LESS than	to have occurred on the data stated abova, at 10.30 Am.
78 /0 // 1 day,hr	wars as follows.
8 Trade profession or particular	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebrot Heronty's 1937
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. bata deceased last worked at this occuration (month and	
10. Data deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation ccupation	
2. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(Stata or country) Mufland	- Typerleusron 192)
13. NAME GENERO 21. Majoring	
14. BIRTHPLACE (city or town)	Name of oparation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Marcha anne Collier	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
(State of country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT CANAL CALLED SUMMA XI.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Acordon 1 1 melly philalunpate 9/30/37,19	Nature of injury
10 HADEDTAVED The Thill x Ontarion Co	24. Was disease or injury in any way related to occupation of deceased? The
19. UNDERTAKER Africa (Address) Salis kuul maulfang.	If so, specify
20, FILED Sent 30, 19 34 V. May Jurnes	(Signed) There of Mann
20. FILED Segue 21, 19 9 Will Registrar.	(Address) Dalis buy mg
	ar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

# STATE OF MARYLAND-CERTIFICATE OF DEATH

RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMANEN certificate. See instructions on back of mation should be carefully supplied. TION is very important. -WRITE PLAINLY, N. B.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	
County Micoured	Registration Dist. No. 74 336
Village or City Delmar ned	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME Sufant Author	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
I amale Cal OR DIVARCED (with the word)	Sept 19 193 V
5a, If married, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
0 411 12 2	Bull tory the cost of the 1951
6. DATE OF BIRTH (month, day, and year)	I last saugh , 19 ; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 0 ormin.	wera as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decassad last worked at this occupation (month and	4
work was done, as SILK MILL, SAW MILL, BANK, atc.	1-00
10. Date decaasad last worked at this occupation (month and spent in this	suu-von-
year) spent in this occupation	
12. BIRTHPLACE (city or town) Qelmar his	Other Contributory Causes of importance:
(State or country)	
13. NAME Paul Wesley Dulton	
13. NAME Paul Wesley Outton 14. BIRTHPLACE (city or town). Definas nut	Name of operation Date of
(State or country)	What test confirmed diagnosis? Examina Lows there an autopsy?
15. MAIDEN NAME Edeth austru Laires	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Merchaelon (le.	Accident, suicide, or homicide?
(State or counity)	Where dld injury occur?
17. INFORMANT Paul Wesley Dullotie	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Delitar nis	
18. BURIAL, CREMATION, OR REMOVAL Three mg	Manner of injury
Places on Care Date 1. 192/	Nature of injury
19. UNDERTAKEULEUSLEY Dutton	24. Was disease or injury in any way related to occupation of deceased?
(Address) Delmar DEC	If so, specify
20 mile 8t. 16: 1037 Hanne B He dam	(Signed)
Paristran	(Address) R. O. O. O. W. X

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OST 4 1931	July 5,1927	Peritonitis	3 days ago
BUREAU	٠		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	item
	Every
	RECORD.
DITADITAG	ERMANENT
٦	P
5	20
SERVED F	INK-THIS IS
MARGIN RESERVED FOR DINDIN	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
	WITH
	PLAINLY,
4 5	-WRITE
4	B

PHYSICIANS should state

stated EXACTLY properly classified.

certificate.

be jo

AGE should

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

mation should be carefully supplied.

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10246
1. PLACE OF DEATH	427
County Hicorries	Registration Dist. No. 330
Village or City Mardela (C.A).	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JOHN 10 Collical	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, or divorced HUSBANO of	
(or) WIFE of Madorn J. Collists	22. 1 HEREBY CERTIFY That I attended deceased from 1937, to 1937
6. DATE OF BIRTH (month, dey, and yeer) Select 30, 1875	I lest saw, was alive on Alfa 71, 1937; deeth is seid
7. AGE Yeers Months Deys If LESS then 1 dey,hrs.	to heve occurred on the date steted ebeve, et 101:-m.
6/ // 3 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were actollows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Occeber / Kemonhages
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et this occupation (month end	
0. Dete deceased lest worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
13. NAME Promes P. Collist  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(Stete or country)	Whet test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME Sarah & Edicate  16. BIRTHPLACE (city or town)	23. If death wes due to external couses (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JUANOTA (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Piece Maraela Dete Sur 5, 1937	Neture of injury
19. UNDERTAKER A. D. D. Braveyor of Bro (Address)	24. Wes diseese or injury In eny wey releted to occupation of deceesed?
2411 371 11	(Signed) It D. Kuhlyean M.D.
20. FHED JAT 4 , 18/ JAV hand	(Signed) A le ark tom with

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. FOR BINDING WITH UNFADING INK-THIS IS A PERMANE! pe MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.-WRITE PL.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10247
1. PLACE OF DEATH	3
County///Comuco	Registration Dist. No. 333
Village or City Jalulium	No. Mashinglor St. 13 Ward
Length of residence in pity or town where teath occurred yrs. mos	f death occurred in a horpital or institution, give its NAME instead of street and number)
(inttle 1.	
2. FULL NAME CONTROL STORY	If U. S. Veteral, specify Walk
(a) Residence: No. (Vaval place of abode)	St., S Ward All If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male While OR DIVORCED (write the word)	Sept. 13 - 193/
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1 12 1637	9-13, 1937, to 9-13, 1937
5. DATE OF BIRTH (month, day, and year)	I last saw h alive on; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at
0 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc	til I born
SAWYER, BOOKKEPER, etc.  9. Industry or business In which work wes done, as SPINNER, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration from the second in this country to the second in this second in the second in this second in the s	
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Salishing	Strict Country Country (1777)
(State or country)	
13. NAME (Audge 1) Soldy  14. BIRTHPLACE (city or town)  (State or country)	
14. BIRTHPLACE (city or town) Laluely	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Maney Johnson  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill In also the following:
	Accident, suicida, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WE CLARE BUILTY	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) (Addre	Luy MA
Place areone Com Date left - 13,193	Manner of Injury
2 tollower 1 to 1	Nature of Injury
19, UNDERTAKER (Address)	24. Was disease or injury In any way ralated to occupation of deceased?
1-12 25 11/12	If so, specify
20. FILED Sleft 19, 19.37 My May Survey Registrar.	(Signed) (Address) Salesfur M.
Registrar.	2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	CCT 6 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	eauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10248
1. PLACE OF DEATH	937
County Klomes	Registration Dist. No. 333
Village or City Saluty Md.	No. P.O. ## 3 St., 5 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?  grands.  ds.
2. FULL NAME Elinabeth M. Suin	
(a) Residence: No. / P. 10 - # 3	St., S Ward Market Miles
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
umale White Marie the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of June Earl Burnal	HEREBY CERTIFY. Thet I attended deceesed from
6. DATE OF BIRTH (month, day, end yeer) May. 16, 1854	I lest sew har alive on 1993 2 190 ); death is seid
7. AGE Yeers Months Days If LESS then	to have occurred on the date steted ebove, etm,
83 4 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were extended.
8. Trede, profession, or perticular kind of work done, as SPINNER,	Hamility Data of onset
SAWYER, BOOKKEEPER, etc.	/
9. Industry or business in which work was done, as SILK MILL Letters  SAW MILL, BANK, etc	Heart, Myalga
10. Date deceased last worked et this occupation (month and 1934) 11. Total time (years)	Chronic myosarditiss Conf. T.
year) occupetion	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) - Manual Complex	
(Stete or country)	1dd Loves
13. NAME HUVEL H. Structure  14. BIRTHPLACE (city or town) Yashington p.	
4. BIRTHPLACE (city or town)	Neme of operation
4/ 0	Whet test confirmed diagnosis? Was there en autopsy?
I Ward III	23. If deeth was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANTUS. Mary P. Marghall (Address) PD # 3 1 Selection med	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CHESTION, OR REMOVAL On Dete Start 29, 1937	Manner of injury
19. UNDERTAKER Hollowy + Co (Address) Saluis mid	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED Sept 29, 19 3/ De May Justier Registrar.	(Signed) A Blurro (Address) Lalislary Ml
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 4		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5, 1927	Perilonilis	3 days ago	
Other contributory causes of importance:	MALE CONTRACTOR	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH ,	(121)
County Wicomico	Registration Dist. No 33.
Village or City Sallsbury Mans land	No. Penensula General Haztata 13 Wa
(1)	death occurred in a hospital or institution (give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. If of Greign birth?yrsmos
2. FULL NAME Clusence Gasting	5 /v If U. S. Veteran, specify WAR
(a) Residence: No. Ocean City my	St., Ward.
(Usuai place of abode) / C PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Sablumber 3 193 7
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Or WIFE of	22. JHEREBY CERTIFY. That I ettended deceesed for
Wina Mc Cuile	1937, to Jeff 5, 193
5. DATE OF BIRTH (month, dey, end yeer) may 27 1914	I lest saw h com allve on fand 57, 1997; death is s
7. AGE Yeers Months Oeys If LESS then	to have occurred on the dete steted above, et 10.45. 9 m
23 3 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
8 Trade, profession, or perticuler	fund puctories but
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  **Tisherman**  **Tisherm	Coarte affindents
Industry or business In which work wes done, es SILK MILL,	
Work wes done, es SILK MILL, SAW MILL, BANK, etc	-
this occupation (month and 9/5/37 spent in this 34se occupation.	
Osea City	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
1	/
Balli	Name of operation abdument deany Date of 9/3/33
14. BIRTHPLACE (city or town) Mars land	Whet test confirmed diegnosis? Wes there en eutopsyles
15. MAIDEN NAME annje Trijtt	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
Reholatt	Accident, suicide, or homicide? Dete of injury 19
16. BIRTHPLACE (city or town) Letholotte (State or country) many land	Where did injury occur?
Clarence Idately - Fathe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
17. INFORMANT Current for little ma	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dulin Md, Oate Dept 7, 19.3	Neture of Injury
1 11 13 11	24. Was disease or Injury In any wey releted to occupation of deceased?
19. UNOERTAKER Address)	If so, specify 2
11/11 11 11 11 11 11	Mesles In

MARGIN RESERVED FOR BINDING

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
007 6 19	7		
Other contributory causes of importance: NU V	S.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address S

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis COT 9 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage   RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

7	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	YSICIAN
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		10/6/37
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MARGIN RESERVED FOR BINDING

STATE O	MARY	AND-CERTIF	ICATE	OF	DEATH
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1. PLACE OF DEATH	93-20
County Willemick	Registration Dist. No. 33/
	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  as. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Install P. Johns	Len If U. S. Veteran, specify WAR
(a) Residence: No. Manufic (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)  Willower	21. DATE OF DEATH (Month) (bay) (bay) (bay)
is If married, widowed, or diverced HUSBAND of (or) WIFE of C prison of formsen	22. I HEREBY CERTIFY. That I attended deceased from
B. DATE OF BIRTH (month, day, and year) Sect 9/86	I last saw h . alive on . 30, 1937; death is sale
7. AGE Years Months Days If LES'S than I day,hrs	to heve occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	and Delalolion
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation month and control to the second to the	1) Heart
10. Data deceased last worked at this occupation (month and year)	Other Coatributory Causes of Importance:
(State or country)	Augoro del Chomic.
13. NAME Senjamin Jakeson  14. BIRTHPLACE (city or town) Addisoners	
	Name of operation
(State or country)  15. MAIDEN NAME  16. A Thering Many 13.	What test confirmed diagnosis? Wes there en au'opsy?
16. BIRTHPLACE (city or town) Alistypy	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT CLASSIC CAMPAGE  (Address)	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Piece African Man Date Supp. 3., 19. J.	Manner of Injury
9. UNDERTAKER OF THE CONTROL OF SOURS	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Sept. 7, 1937 R. Wasford Walter Registra.	(Signed) Tester M. (Address)

. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributors course of investment		Other contributors course of important	1172	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL	CDACE EO		OF A PERCENTER	DV	DIEVOTOTAN
ADDITIONAL	SPACE FU	R PURIHER	STATEMENTS	DI	PHISICIAN

If so, specify (Signed)

If more blanks are weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

(Address)

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Chronic interstitial nephritis Q 2 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUXEAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLANLY,

STATE OF MADVI AND CEDTIFICATE OF DEATH

1 PLACE OF PEACE	CERTIFICATE OF DEATH
1. PLACE OF DEATH	332
County / Olly systes	Registration Dist. No.
Village or City Dalishusy My	nould from Hren St., 19 Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or chatitution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME hoead Bran	10
	Hewrs, If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. Service, Ma., Ma. State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH TO PORTE
Male W OR DIVORCED (ruffle the word)	(Month) (Day) (Year)
5a. If married, widowad, or divorcad	(month)/ (bay) (1681)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
11/100	19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the date stated above, at
or de la lady,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	moch adwerlas with
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	In acus offregray
work was done, as SILK MILL, SAW MILL, BANK, etc.	fox device
10. Date deceased last worked at 11. Total tima (years)	and and pepales
o this occupation (month and spent in this occupation	
to otherwise of the same of th	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) State of Country), M.S. D	
III 13. NAME	
E July Sure	Name of counting
4 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
W 15. MAIDEN NAME A LIVER OF THE MAIN STATE OF THE STATE	What test confirmed diagnosis?
I Comment	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
71	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bulia Md Date Dest 2719.37	Nature of injury
0 11 12 1	
19. UNDERTAKER 4-10 / 23444 4	24. Was disease or injury in eny way related to occupation of decaased?
1 1 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Signed) Aud B Man M. D.
20. FILED Staff - 20390: May Mills Registrar.	(Address) Dalis by my
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUILD					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastrocnteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	. 0		(120)	
County//LCom	vco		Registration Dist. No. 33	/
Village or City Lua	nti Co		No. 17. 10. # 1. St.	Ward
Length of residence In city or to	wn where death occurred	3 yrs. 9 (If	death occurred in a hospital or institution, give its NAME instead of street and How long in U.S. if of foreign birth?	number)
2. FULL NAMESTOW	isa amel	ea Ma	Lehourd.'S. Veteran, specify WAR	1
(a) Residence: No. P.	(Usual place o	f abode)	St., Ward Mante Co Me	State
PERSONAL AND ST	TATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR Whi		(write the word)	21. DATE OF DEATH Sept. 15-11	., 193. 7
5a. If married, widowed, or divorced		7	(Morth) (Day)	Øfear)
HUSBAND of (or) WIFE of			22.   HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and y	ear) Dec. 11,	1933	I last saw h 21 alive on 9 - 15 193	7; death is seid
7. AGE Years	Months Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.39.7.m.	
_5	7 9	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	I Data danad
8. Trade, profession, or particula	NNER. MAN			Date of onset
kind of work done, as SPI SAWYER, BOOKKEEPER, et 9. Industry or business in which	C		Dysertery, a cuke mean	9-14-3
work was done, as SILK M SAW MILL, BANK, etc	ILL,		ing Itherapy, It a	-
0 10. Date deceased last worked at	11. Total tin	ne (vears) _	astro-enterities; acuto, f	Imin-
this occupation (month and year)		tin this	ating a Direction & apparently als	rute fil-
12. BIRTHPLACE (city or town) (State of country)	cantilo		Other Contributory Causes of Importance: toen hours. Causes.	
1 West A.A.	in Ma	lelim		
E	Prince	6000		
14. BIRTHPLACE (city or town)	md.	11	Name of operation	autonous Mn
15. MAIDEN NAME Thele	n M. De	upebli	Le If death was due to external causes (VIOLENCE) fill in also the following	7
0 16. BIRTHPLACE (city or town)	Harmony		Accident, suicide, or homicide? Date of injury	, 19
(State or country)	2. 4. A	a.	Where did injury occur?	
17. INFORMANT Clian (Address) R.O. #1.	m. Mall	chow ud.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE,
18. BURIAL CREMATION, OR REMOVA	Pack deris	1.17 37	Manner of injury	
/ Flace	Date Date	1.7	Nature of injury	
19. UNDERTAKER	way + le	/	24. Was disease or injury in any way related to occupation of deceased?	Tro
(Address) Sale	my ma	*	If so, specify	
20. FILED Sept /6 , 1937	/mofm H	allee Registrate	(Signed) Culkilla (Address) Salishiery, Maryk	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis 5 19.1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	tem of	plnods
	-WRITE PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE C	F	MARYLAND-CERTIFICATE	OF	DEATH

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	67	1	11	0 %	
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1. PLACE OF DEATH	(167)
County Liwpino	Registration Dist. No. 333
Village or City W. Allen	No. St 7 Ward
Length of residence in city or town where death occurred YO yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Harvey It, Maria	el If U. S. Veteran, specify WAR
(a) Residence: No. Muleu (Usual place of abode)	Mag.St., 7 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
5a. If merried, widowed, or divorced HUSBAND of V (or) WIFE of White TK. Mainer	22. I HEREBY CERTIFY. Thet I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) (luque) 6. 189	5   last saw h etive on 19 death is said
7. AGE Years   Months   Deys   If LESS the	an to have occurred on the date steted above, at
1 day,	were of follows:
9 Trade profession or particular	Shat hunself in began Date of onset
Industry or business in which work was done, as SILK MILL,	Light Mear
SAW MILL, BANK, etc	allen and
o this occupation (month end 4/8/31) spent in this 15 occupation	yus succee-
12. BIRTHPLACE (city or town) Manual Control of Country)	Other Contributory Causes of importence:
X 14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Maska) Ida Meison	What test confirmed diegnosis? Wes there an autopsy? West there and autopsy?
	23. If death was due to externel couses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
S   16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT Med. Harrey M. Mairier, (Address) of den Mil of S. N.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Clary, Mar. Date 9/6/37 19	Manner of Injury
19 Date 1, 19	Neture of Injury
19. UNDERTAKER ALLER & VERSON 6.	24. Was diseese or injury In any way related to occupetion of deceesed?
20. FILED ept 6, 1937 G. May Turn	(Signed) Lewis Collection M. D.
Registra	(Address) Saliskeusey - Mills

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	18	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	S Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	-			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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OCCUPAplnods PHYSICIANS statement classified. certificate. properly Jo back may should that instructions 08 plain carefully important. CAUSE OF DEATH should be very NOIL

BINDING

RESERVED

MARGIN

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Langth of residence in cip or town where death occurred How long In U.S. If of foreign birth? \_\_\_\_\_\_yrs..\_\_\_\_mos. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEAT 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than CAUSE OF DEATH and related causas of importance or \_\_\_\_ min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was dona, as SILK MILL SAW MILL, BANK, etc. 10. Date deceesed last worked 11. Total tima (yaars) this occupation (map(n spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town). (State or country) What test confirmed diegnosis?. MOTHER 15. MAIDEN NAME Accident, suicide, or homicide Data of injury 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL OREMATION Date Nature of Injury 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKE (Addrass) If so, specify 20. FILED Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 6 1937	July 5, 1927	Perilonitis	3 days ago
	HUREAU V. S.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MADVIAND\_CEDTIFICATE OF DE

infor- state UPA-	1. PLACE OF DEATH	CERTIFICATE OF DEATH
	County Alicentics	Registration Dist. No. 7/336
she of		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIAN	2. FULL NAME Martha Jane Whiff	ds. How long in U.S. if of foreign birth?
	(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
ECC PEC PE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E > 1	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR OLVORCEO (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
9 8 1 8	5a. H marriad, widowed, or diversed HUSBAND of (or) WIFE of	2. HEREBY CERTIFY That Lattendad dacaased from
HEXE.	6. OATE OF BIRTH (month, day/and yaar) Suffer (0. 1862) 7. AGE Yaars Months Days If LESS than	riast saw h alive on 19 7; death is said to have occurred on the date stated above, at 7: 7 m.
FOR B. IS A PE stated E properly certificate	75 0 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- to	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Hidustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decaased last workad at this occupation (month and second in this sociation (month and second in this sociation).	Chronic ration : Unknown CW 30
ERVI NK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, atc	- 000
o t E I	O 10. Date decassed last worked at this occupation (month and yaar) spent in this yaar) occupation	
Z	12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
MARGIN RE UNFADING supplied. AGI n terms, so tha	(Stata or country) Allawal	
MARGI UNFAI supplied. n terms, ee instru	II 13. NAME Jas. Sow	
MA TH U y sur ain t	13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Oate of
Effa.	(c)	What test confirmed diagnosis? Was there an autopsy?
L	15. MAIOEN NAME Unfrow	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
AINLY, Id be can DEATH y import	16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?
APDA	17. INFORMANT frank Chiffy (Address) Llema Fort	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PL shoul E OF is ver	18. BURIAL, CREMATION, OR REMOVAL Partsuit, Lest	Manner of Injury
WRITE nation s	Place Cortain Com Oate Sight Lt., 1957	Nature of injury
No. 1  B.—WRITE mation 8  CAUSE TION is	19. UNDERTAKER Sill S. Maken (Address) Lelman bellum	24. Was disease or injury in any way related to occupation of deceased?
A. S. S. B.	20 Her 22, 193) Harrof Judson	(Signed) (Address October 1997) (Address October 1997)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1 9	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCT 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

Village or City A

STATE OF MARYLAND—CERTIFICATE OF DEATH 10258

122-6
Registration Dist. No. 333
No Leninsuly General Hospilakt 13 Ward
f death occurred in a hospital or institution, give its NAME instead of street and number)
sds. How long in U.S. if of foreign birth?yrsmosds.
If U. S. Veteran, specify WAR
St. Ward. Creax City, Md.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH
(Month) (Day) (Year)
ymunth) (bay) (16a1)
22. I HEREBY CERTIFY That I attended deceased from
duy /3 ,1937, to 14/3 ,1937
I last saw her alive on 1991, death is said
to have occurred on the date stated above, at 9.15.A.m.
The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
abdownel adheren Russen
Other Cantributory Causes of Impostance:
relectional obstruction; due to 30 days
the obdominal adhesions. Not dea to cancers
Civil R.
Neme of operation Date of
Whet test confirmed diagnosis?
23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following:
Accident, suicide, or homicide?
Where did Injury occur?
(Specify city or town, county and State) Specify whether Injury occurred in HTDUSTRY, in HOME, or in PUBLIC PLACE.
Specify whether injury occurred in Thousert, in nome, or in Public PLACE.
Manage of injury
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M. D.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOR	3	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR

RESERVED

MARGIN

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
Inly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Luly 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- 13-0
county di comes.	Registration Dist. No. 4 336
	No.  (If death occurred in a horpital or institution, give its NAME instead of street of number) nos
(a) Residence: No. Astrut	If U. S. Veteran, specify WAR  Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olica Poundl,	22. I HEREBY CERTIFY That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Oct /5, /87/ 7. AGE Years Months Days If LESS than 1 day,hr ormin.	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	Olas inficarde to unity
9. Industry or Dusiness in which work was done, as STLK MILL, SAW MILL, BANK, etc.  10. Data deceased fast worked at 11. Total time (years)	Mycardial manfferny fuels
this occupation (month and spent in this occupation  12. BIRTHPLACE (city or town)  (State or country)	Other Contributory Causes of Importance:
I 13. NAME Samuel / Yaylor	
14. BIRTHPLACE (city or town) / Mansland.	Name of operation Date of What test confirmed diagnosis? Chure Was there an autopsy?
15. MAIDEN NAME Crean A Gusus  16. BIRTHPLACE (city or lown).  (State or country)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
17. INFORMANT Clean Charles  (Address) Common Commo	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.  Manner of injury
Place Bush tensi om Date Sept 26, 1832	
19. UNDERTAKER HILLS. In April (Address) Sellma, Relaine	24. Was disease or injury in any way related to occupation of deceased?
Seft 231 137 Harry Hedson Registran	(Signed) M. M. (Address) M. M.

V. S. No. 1

B.—WRITE PLAMLY,

ż

should state

7. PHYSICIANS Exact statement

IS A PERMANENT'R stated EXACTLY.

FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

MARGIN RESERVED
WITH UNFADING INK—THIS

of OCCUPA.

RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 3, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10261
Village or City Solves Solves	Registration Dist. No. 333  No. Text. Lext. Lasfulal St., 13. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	How long in U. S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word) Wildower	21. DATE OF DEATH  Section 193 7  (Year)
5a. If married, widowed, or divorced HUSBAND of HUSBAND of Horence Price  6. DATE OF BIRTH (month, day, and year)  7. AGE Alaysa Months Days If LESS than 1 day,hrs. ormin.	22. HEREBY CERTIFY, that I attended daceased from 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
8. Trede, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  11. Total time (years) spant in this occupation.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Dout human	Neme of operation.  What tast confirmed diagnosis?  Was there an autopsy?
15. MAIDEN NAME Maria Johnson 16. BIRTHPLACE (city or town) (Stata or country)  (Stata or country)	23. If daath was dua to axternal ceuses (VtOL ENCE) fill in also the following:  Accident, suicide, or homicide?

(Address)

Registrar.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-WRITE PLA

B

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis OCT A 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10262
1. PLACE OF DEATH	
County N ceornico	Registration Dist. No. 333
Village or City Sales Grang 9 7 Hay	St. 13 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In Gify or town where death occurredyrs,mos.	
2. FULL NAME ( CO) primile	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. Suaw Hill M. at the State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE STRUCKE, MARRIED, WIDOWED	21. DATE OF DEATH & A 2 /
male bestito manie de manie de	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
HUSBAND of Down Etto Smuller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 18)1 (let. 15	i last saw h 1 24 alive on August 2/ 1937; deeth is said
7. AGE Years Months Days if LESS then	to have occurred on the dete stated above, at 41-25 m.
65- 11 6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
_ R-Trade, profession, or particular	acute mysearchal Failing 2/2//3
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month and	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
- I spontin this	
year) occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) XI / Cary (and	photetes mellitus 3 yro
(State or country)	
14. BIRTHPLACE (city or town).	0.4 % 4
4 14. BIRTHPLACE (city or town) . Many kand	Name of operation
	What test confirmed diagnosis? The Westhere en au'opsy?
	D23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19 Where did injury occur?
The etter soulles	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) A TO THE 13 R-2	Specify whether injury security in the service in the security in the security is in the security of the security in the security in the security is in the security in the se
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pieceflear donow Holy pote 2 2/1, 22, 193 }	Neture of Injury
19. UNDERTAKER HE ame & trining	24. Was disease or injury in any way releted to occupation of deceased? 242
(Address) And Hell	If so, specify
20. FILED Sept 21, 19 37 & May Junes	(Signed) Fallalle M. D. M. D.
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE PROPERTY OF	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	CCT 6 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance;	Y I	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
F.				

V. S. No. 1

STATE OF MARYLAI	ND—CERTIFICATE OF DEATH 10263
1. PLACE OF DEATH	50
Village or City Salakury and	Registration Dist. No. 333 No.320 Zaha St. 9 War
X 4%	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How iong in U.S. if of foreign birth?yrsmosd
2. FULL NAME James & Slew	If U. S. Veteran, specify WAR World War Telen
(a) Residence: No. 320 Left (Usual place of abode)	Salisbury, Md. if nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (price th	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended deceased fro
6. DATE OF BIRTH (month, day, and year) Exact, and 94	1 last saw h. Min. alive on 8114 28 , 19.37 ; death is sai
	SS than to have occurred on the date stated above, at
about 30 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence
1 9 Trade resign or particular	_min.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Myo Cartaeal degeneration La
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	MG.
O this occupation (month and spent in this	s y n
year) 19-34 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Lack awallus	De Dig
(State or country)	- darent & youles the
13. NAME Charles Lackingoo	
14. BIRTHPLACE (city or town) Rochewalken	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Henretta Hoberts  16. BIRTHPLACE (city or town) Domes Buand	23, if deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Domes Quant	Accident, suicide, or homicide? Date of injury, 19
E (State or country) — mal	Where did Injury occur?
17. INFORMANT Sallie Milliaum (Address) 3 2010 who was St. Salud	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Public Clan: Date OEL 2	., 19.3. Nature of injury
10 HADERTANES Start A Stevenst	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER CANADA CALIFORNIA MICH.	if so, specify
Oak 2 34 Vr Drag 9.	(Signed) and Depure M.
20. FILED JUST 190 0 1 FULLY SUN	egistrar. (Address) Halishury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, astheria, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 iveek ago
Chronic interstitial nephritis	1921	Run over by street car.	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:	W = 5 V E	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	E 5
		•	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH Leneral Hospital	. Salis bury . Registration Dist. No. 333
Village or City Salis bury Md	· No. St. 13 Ward
The State of the S	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME mildred Sturgi	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward. Showells, M.S.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemsle 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (remirche word)	21. DATE OF DEATH  Sept 28, 193  (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That i ettended decessed from
6. DATE OF BIRTH (month, day, and year) May 24, 1924	i iast saw h eliva on Sefe 28, 19 3 7, death is said
7. AGE Yeers   Months   Days   if LESS than	to have occurred on the data stated above, at
13 4 4 1day,hrs.	The PRINCIPAL CAUSE OF OEATH and rainted causas of Importance ware as follows:
8 Trade profession or particular	Coronny by benfinetine & Date of onset
SAWYER, BOOKKEEPER, atc.	one at day geling
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
kind of work doma, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or business in which work wes dome, as SILK MILL, SAW MILL, BANK, etc.  10. Oate decaesad last worked at this occupation (month and yaar) occupetion	Occidental paisoning Cev&B.
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Coutributory Causes of importance:
13. NAME Jambert & turgis.	
I	Neme of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis?
E 15. MAIDEN NAME Salvilla Selly	23. If daeth was due to external ceuses (VIOLENCE) fill In also the following:
16, BIRTHPLACE (city or town).	Accident, suicide, or homicide? Assident, Date of Injury
∑ (State or country)	Where did Injury occur?
17. INFORMANT Lambert Selly (Address) St. Martins Ind.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place & Mirell By Manage Dept. 30, 1937.	Natura of injury
19. UNDERTAKER J. W. Burbogl (Addrass) Berlin ned.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Sept 29, 1937 & May June Registrar.	(Signed) M.D. (Addrass) Saladay Neck
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis L. L. C. D.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIO	DNAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	<i>L</i> ,
This potent was	Andrewel 2 ans ) Thok how but me blue sune	Two duy
for en aborting She	bergune (2 ans) Thook bon feature flow summer	A. He Laked -
promin to		
	Miller Za	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-D. Every item of infor-WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE PLA

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10266
1. PLACE OF DEATH	100
County Wiconsics	Registration Dist. No. 333
Village or City Penersula General Ho	ental, Salislavin, Md St., 13 Ward
	dedut occurred in a hospital or institution, give it NAME instead of street and number)
00 0 0 0 -	If U. S. Veteran, specify WAR
(a) Residence: No. Quantico MQ)	St. Ward.
(Usual place of aboda)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH  Q — (bay) (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 9-10 - 1937 to 9-16 - 1937
6. DATE OF BIRTH (month, day, and year) Way 9 1936	last saw h   alive on 9 - 16 1937; daath is said
7. AGE Yaars Months Buys If LESS than	to heve occurred on the date stated above, at
/ / / ldey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:
9 Trade profession or particular	Were as tollows. Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	O Ty
A Tisda, profession, or particely the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	7
10. Oate daceasad last worked at this occupetion (month end year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) Mardela, Md	Other Centributery Causes of importance:
(State or country)	
E 13. NAME Koland Tarres.	
13. NAME Toland James.  14. BIRTHPLACE (city or town) Mardela, Ma.	Neme of operatio
(State of country)	What test confirmed diegnosis? Was there an aulopsy?
15. MAIOEN NAME MORE MORE MORE TO THE STATE OF COUNTRY MORE TO THE STATE OF	23. If daath was due to externel causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Mardella MQ	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Boland Tours	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL /	Menner of Injury
Place Other MA Oata Deft 18, 19.37	Natura of Injury
19. UNDERTAKER A. D. Drawewov 1900 (Address) Granplown Mg.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Sept 16, 1934 D. May June. Registrar.	(Signad) M. D. (Addrass) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis a 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstition nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	- Ind	
County Micromics	Registration Dist. No. 7/ 336	
Village or City Delma Ind	No. St. Wa	ard
29' (If	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where deeth occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME James Harber 18 Ke	If U. S. Veteran, specify WAR	
(a) Residence: No. Delma, // And	St., Ward.	
(Ugral place of abode)	If nonresident give city or town and State	_
PERSONAL AND STATISTICAL PARTICULARS 3-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
Male white S. Single, MARKED, Willowed, OR DIVORCED (write the word)	(Year) (Year)	
5a. If married, widowed, or divorced ( HUSBANO of	22. A HEREBY CERTIFY. That I attended deceased fr	
(or) WIFE of	22. HEREBY CERTIFY. That Lattended deceased fr	om
6. DATE OF BIRTH (month, dev. and yeer) Symmetry 15, 1898	I last saw h elive on 2 4 9 193 ); death is s	nid
7. AGE Years Months Oeys If LESS than	to have occurred on the date stated above, at 12:27 P.m.	ara
39 5 24 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
8. Trade, profession, or particular	were as follows:	tet
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Sunday / maring and	
9. Industry or business in which work was done, as SILK MILL,	1. Pulling 62	ri
SAW MILL, BANK, etc.	July 13 minus	
O 10. Date deceased last worked et this occupation (month and spent in this occupation occupation occupation the spent in this occupation occupation the spent in this occupation occupation occupation the spent in this occupation occupation the spent in this occupation occupation the spent in this occupation occupation the spent in the spent		
10 d	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town).		7
	Usuna 24d	-
E / / / / / / / / / / / / / / / / / / /		
Y 14. BIRTMPLACE (city or town) - Common State or country)	Name of operation	
I 15. MAIDEN NAME TOTAL & Britting	What test confirmed diagnosis? Wes there an autopsy?	
I	23. If death was due to external couses (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19	
1 G 01/81	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
17. INFORMANT (Address) JOHNAN, Jan	Specify whether injury occurred in INDUSTRY, in HOME, OF INPUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Leilman, Leil.	Manner of injury	
Place A. P. Cler Date Sept 12 1037	Nature of injury	
Hill & march	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER  (Address) JOSPINA (Q1)	If so, specify	
Sept 11 137 3/2005 11 14	11110001-	l. D.
20. HED	(Address) Palman Pal	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1027	()
1. PLACE OF DEATH .	(93-0)	
County / Hlomely	Registration Dist. 10. 33.	3
Village or City Salishing Md.	No. 520 Franklin St. 13	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME / aller / t. fliles	If U. S. Veteran specify WAR	
(a) Residence: No.520 Frankelin (Usual place of abode)	St., 13 Ward Salustury Md ,  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. ODLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OD DIVORCED (write the ford)	21. DATE OF DEATH Sept. 3 19	7
5a. If married, widowed, on divorced HUSBAND of	(Month) (Oay) (Yes	ır)
(or) WIFE of Jula M. Wilson	22. I HEREBY CERTIFY, That I attended deceased	
10. + 1. 1801	7-19, 1937, to 9-3, 193	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h. (Mar. alive on 97) , 1937; death i	is said
44 11 27 1 day,hrs.	to have occurred on the date stated above, at O m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance	
ormin.	were es follows:	onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc.	Al	
SAWYER, BOOKKEEPER, etc.	Chronic Mysearditis	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done as the mile of the second of	ing (a)	
	<i>f</i>	
this of metin month of 193 spent in this occupation 5		
12. BIRTHPLACE (city of town) dellars as	Other Contributory Capses of Importance:	
(State or country) Ma,	Vertuemany Gedina	
14. BIRTHFLACE (city or town). Delmay		
14. BIRTHPLACE (city or town) Delman	Name of operation Oate of	
(State of country)	What test confirmed diagnosis? Was there en autopsy?_	No
15. MAIOEN NAME PERSON OF THE STATE OF THE S	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
E (State or country)	Where did injury occur?	
17. INFORMANTUS Jula Hilson Jake	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR EMONAD FINE Com. Set 5.37	Manner of injury	
Uale Uale 1991	Nature of injury	
19. UNOERTAKER . Willoways G. (Address) Salady med.	24. Was disease or injury in any way related to occupation of deceased? No	
20. FILEO Sept 5, 1937 & May Junes Registrar.	(Address) Jallisburg Just.	_M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes thate of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

state OCCUPA-PHYSICIANS should jo Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important. -WRITE

FOR BINDING

MARGIN RESERVED

Ä,

1. PLACE OF DEATH	10271
County Lucorus	Registration Dist. No. 31
Village or City M. Thelews	NoSt., 15 Ward
Length of residence in city or town where death occurred 20 yrs where	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth?
() · · · · · · · · · · · · · · · · · · ·	
AT TOLL MAINE	o. o. veterall, specify want
(a) Residence: No. (Usual place of abode)	St., 15 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Stidewe'	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorcad HUSBAND of Cor. WIFE of Charle R. Shinful	22. I HEREBY CERTIFY, That I attended deceased from form 1932, to Johnson (U. 1932)
6. DATE OF BIRTH (month, day, and year) Page 77, 1851	Hast saw h we alive on selectives 1519 37; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 3m.
96 / /3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER,	Certeur scles oses
No. Islada, profession, or particular to the kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	acres occlesses
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data daceased last worked at this occupation (month and 99/37 spent in this 50465.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Ulginia	
II 13. NAME Valertie Thinful	
13. NAME (alerano Shinful)  14. BIRTHPLACE (city or town) 4.	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Coscilia 19. Parker  16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT MUS. Attack Manus,	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Date 9/17/3/,19	Natura of Injury
19 UNDERTAKER ( Al Stell & Diter Co.	24. Was disease or injury In any way ralated to occupation of deceased?
(Address) Laushney, Dod.	If so, specify
20. FILED Sept 11, 1937 mis J. n. Naclae. Registrar.	(Signed) William & Maile M.D. (Address) Halron - m)

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I	il.	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year